

GED Testing Program Surveillance Log

DATE OF TESTING:

CHIEF/ALTERNATE EXAMINER NAME:	EXAMINER/PROCTOR NAME:
EXAMINER/PROCTOR NAME:	EXAMINER/PROCTOR NAME:
EXAMINER/PROCTOR NAME:	EXAMINER/PROCTOR NAME:

	LANGUAGE ARTS, READING 65MINUTES		SCIENCE 80 MINUTES		SOCIAL STUDIES 70 MINUTES	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN